

## EXHIBIT I

### Milwaukee County Department on Aging Descriptions of Proposed Programs and Services Funding Period \_\_\_\_\_ to \_\_\_\_\_

#### 1.0 General Program Information

1.01 Program Title or Type of Service to be Provided: \_\_\_\_\_

1.02 Agency Name: \_\_\_\_\_

1.03 Address of Primary Office: \_\_\_\_\_  
\_\_\_\_\_

1.04 Phone Number \_\_\_\_\_ FAX# \_\_\_\_\_

1.05 Office Hours \_\_\_\_\_ E-mail \_\_\_\_\_

1.06 Official(s) Authorized by the Board of Directors to Sign Contracts/Reports for the Agency:

Name, Title \_\_\_\_\_ Signature \_\_\_\_\_

Name, Title \_\_\_\_\_ Signature \_\_\_\_\_

1.07 Staff Contact for the Program:

Name, Title \_\_\_\_\_

1.08 Type of Agency (please check those that apply):

Public \_\_\_\_\_ Non-profit \_\_\_\_\_ Proprietary \_\_\_\_\_

Minority (owned, directed, or predominantly staffed by minority groups) \_\_\_\_\_

1.09 Federal ID No. \_\_\_\_\_ State Tax Exempt No. \_\_\_\_\_

1.10 Type of Request: New \_\_\_\_\_ Continuation \_\_\_\_\_

1.11 Amount of Department on Aging Request: \$ \_\_\_\_\_

1.12 Total Agency Budget: \$ \_\_\_\_\_

1.13 Proposed Cost Per Unit of Service: \$ \_\_\_\_\_

1.14 Proposed Units to be Provided: \_\_\_\_\_  
\_\_\_\_\_